

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

Revised

1 File Number U <u>3360</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3 Name and address of person filing Name <u>CARMELO</u> <u>D</u> <u>CAPUTA</u> P O Box Bldg Room No if any _____ Street <u>1401 HAMPTON AVE</u> City <u>ST LOUIS</u> State <u>Missouri</u> ZIP Code + 4 <u>63139-3159</u>	4 Name file number and address of labor organization Name <u>CARPENTERS DISTRICT COUNCIL OF ST LOUIS</u> Labor Organization File Number <u>002637</u> P O Box Building and Room Number if any _____ Street <u>1401 HAMPTON AVE</u> City <u>ST LOUIS</u> State <u>Missouri</u> ZIP Code + 4 <u>63139-3159</u>
5 Position in labor organization <u>BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Carmelo D. Caputa

On

9-11-05
Date

314-644-4800
Telephone Number

Name of Person Filing CARMELO CAPUTA

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name INVESCO-NAM

Trade Name if any

P O Box Bldg Room No if any

Street 400 W MARKET ST STE 2500

City LOUISVILLE

State Kentucky ZIP Code + 4 40202-3349

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name CARPENTERS PENSION TRUST FUND

Trade Name if any

P O Box Bldg Room No if any

Street 1401 HAMPTON AVE

City ST LOUIS

State Missouri ZIP Code + 4 63139 3159

11 a Nature of such dealing

INVESCO-NAM IS A MONEY MANAGER FOR THE CARPENTERS PENSION TRUST FUND OF ST LOUIS

11 b Approximate dollar value of such dealing

\$293 076

12 a Nature of interest he'd or income received

DEC 04 USA MADE POLLING COOLER - CHRISTMAS GIFT

12 b Amount

\$48

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing CARMELO CAPUTA

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name SIERRA INVESTMENT PARTNER

Trade Name if any

P O Box Bldg Room No if any

Street 2625 BUTTERFIELD RD STE 138 SOUTH

City OAK BROOK

State Illinois

ZIF Code + 4 60523-1244

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name CARPENTERS PENSION TRUST FUND

Trade Name if any

P O Box Bldg Room No if any

Street 1401 HAMPTON AVE

City ST LOUIS

State Missouri

ZIP Code + 4

11 a Nature of such dealing

SIERRA INVESTMENT PARTNERS IS A MONEY MANAGER FOR THE CARPENTERS PENSION TRUST FUND OF ST LOUIS

11 b Approximate dollar value of such dealing

\$75 192

12 a Nature of interest held or income received

12/04 HOLIDAY BOTTLE OF WINE

12 b Amount

\$49